



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

October 18, 2021

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare and Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 21-0030: PROPOSED STATE PLAN AMENDMENT TO CONTINUE SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES USING PROPOSITION 56 TOBACCO TAX FUNDS ALLOCATED FOR THE 2021-22 STATE FISCAL YEAR.

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 21-0030 for your review and approval. This SPA proposes to amend Supplement 25 to Attachment 4.19-B, Page 1, effective January 1, 2022, to continue to allow supplemental payments using funds from the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56 (Prop 56)). SPA 21-0030 proposes to continue Proposition 56 supplemental payments.

DHCS published a public notice to its website on September 22, 2021. On May 14, 2021, CMS informed DHCS that a tribal notice was not required for this SPA.

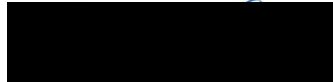
The documents enclosed with this SPA submission are as follows:

- Cover Letter
- CMS 179 Form
- Public Notice
- Supplement 25 to Attachment 4.19-B, Page 1 (clean)
- Supplement 25 to Attachment 4.19-B, Page 1 (redline)
- Standard Medicaid Funding Questions

Mr. James G. Scott
Page 2
October 18, 2021

If you have any questions or need additional information, please contact Carolyn Brookins, Acting Chief, Medi-Cal Dental Services Division, at (916) 345-8628 or by email at Carolyn.Brookins@dhcs.ca.gov.

Sincerely,



Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures

cc: René Mollow, MSN, RN
Deputy Director
Health Care Benefits and Eligibility
Department of Health Care Services
Rene.Mollow@dhcs.ca.gov

Alani Jackson, Chief
Medi-Cal Dental Services Division
Department of Health Care Services
Alani.Jackson@dhcs.ca.gov

Carolyn Brookins,
Assistant Chief
Medi-Cal Dental Services Division
Department of Health Care Services
Carolyn.Brookins@dhcs.ca.gov

Aaron Toyama
Senior Advisor
Health Care Programs
Department of Health Care Services
Aaron.Toyama@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 30

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR

CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. Part 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 214,329 (in thousands)b. FFY 2023 \$ 285,772 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 25 to Attachment 4.19-B, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Supplement 25 to Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT

Continuation of Proposition 56 Supplemental Payments for Certain Dental Services

11. GOVERNOR'S REVIEW (*Check One*)☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

October 18, 2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

Continuation of Proposition 56 Supplemental Payments for Certain Dental Services

The Medi-Cal Dental Program provides supplemental payments for certain dental services in the following dental categories: visits and diagnostics, preventive, restorative, endodontic, periodontic, prosthetic, oral and maxillofacial surgery, orthodontic, and adjunctive services for dates of service effective January 1, 2019.

These supplemental payment rates for the existing categories stated above will be between 20-60 percent of the Dental Schedule of Maximum Allowances (SMA), unless a proposed change to the procedure code is identified in the table referenced below.

For the previously identified top 26 utilized dental services, including general anesthesia, periodontal and orthodontia, the supplemental payments will continue to either reflect a specific dollar increase per the identified code or will be a percentage increase above the existing Medi-Cal SMA rate.

The table reflecting the rates in effect on July 1, 2019, March 14, 2020, and updated on October 1, 2021, for the procedure codes that are eligible for the dental supplement payments can be found at this website:

<https://www.dhcs.ca.gov/services/Documents/MDSD/Prop%2056/Prop56DentalFY1921Codes.pdf>

The supplemental payment for services in these categories will be reimbursed to providers who have the ability to bill for these services through the Dental Fiscal Intermediary, or Medi-Cal Dental providers who bill through the Dental Managed Care delivery system. The SMA and supplemental payments will be issued together on a claim line basis. The supplemental payments will be issued for the specified codes for dates of service effective January 1, 2019.

For reference, the SMA is published in the Provider Services Handbook, Section 5, pages 5-106 through 5-126. The SMA website link can be found here:

https://dental.dhcs.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=136